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**** CONTINUING DATA ******* *nme*

**** FOREIGN APPLICATIONS ******* *nme*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 06/25/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Susan</i> Examiner's Signature <i>Hayden</i> Initials	STATE OR COUNTRY IRELAND	SHEETS DRAWING 4	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 4
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ADDRESS
23644

TITLE
Management of contacts in a network of contact centers

FILING FEE RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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